

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6872

State File No. \_\_\_\_\_

Registrar's No. 50

Registration District No. 184

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5-6 years (Specify whether years, months or days)  
In this community 5-6 years

3. (a) PRINT FULL NAME Clarence H Campbell  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rose V. Brown 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased May 5 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 9 hr. \_\_\_\_\_ min.

9. Birthplace Winnegan Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business machinist

12. Name Wm A. Campbell  
13. Birthplace Harpers Ferry Va  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Price  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Campbell  
(b) Address Marceline Mo  
17. (a) Burial (b) Date thereof Feb 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Elvert  
18. (a) Signature of funeral director James H. Thompson  
(b) Address Marceline Mo  
19. (a) 2-17-1943 (b) H. N. Dumas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
(c) City or town Marceline  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14  
year 1943 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 13 1943 to Feb. 14 1943  
that I last saw him alive on Feb 14 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death was  
Uremic poison

Due to Chronic interstitial nephritis

Due to Influenza

Other conditions rheumatism  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. J. Patrice (M. D. or other) 1/15/43  
Address Marceline Mo Date signed 1/15/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Blanche M Laughlin*

Licensed Embalmer No.

*1909*

P. O. Address

*Marselins M*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**